

126493

FILED FOR RECORDING
AT THE REQUEST OF

Kathleen Cole

2006 MAY 10 PM 4:00

LINCOLN COUNTY RECORDER
FEL #16
LESLIE DOUGHER

APN _____

APN _____

APN _____

Resident

Title of Document

Grantees address and mail tax statement:

AFFIDAVIT

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STATE OF CALIFORNIA)
)
COUNTY OF SONOMA)

I, EUGENE MCCLOUD, JR first being duly sworn, depose and say:

1. That I am the surviving son of MARIE MCCLOUD, who died on
18 MARCH 2001, at Penngrove, California.

2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of Lot Numbered Seventeen (17) and Eighteen (18) in block Numbered Thirteen (13) as said Lots and Block are shown on the official plat of the Pioche Mines Consolidated, Inc., Addition to the said Town of Pioche. As Said Lots and Block are shown on the Official Plat of Said Addition; Now on File and of Record in the Office of the County Recorder of Said Lincoln County and to which Plat and the Records thereof reference is hereby made for further particular description together with any and all improvements and building situate thereon and contents therein;

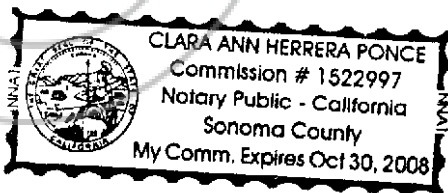
3. That proof of death is affixed hereto as Exhibit "A" in the form of a Certified copy of the death certificate and affiant claims the above-described property as his sole and separate property.

DATED this 23 day of SEPT, 2005.

Eugene De Cloud
AFFIANT

Subscribed and Sworn to before me this 23rd day of September,
2005.

Clara Ann Herrera Ponce
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2001-49-000828

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) MARIE		2. MIDDLE -		3. LAST (FAMILY) McCLOUD	
4. DATE OF BIRTH MM/DD/CCYY 02/29/1924		5. AGE YRS. 77		6. SEX F	
7. DATE OF DEATH MM/DD/CCYY 03/18/2001		8. HOUR 1330			
9. STATE OF BIRTH NY		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 12			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self Employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 52	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 10 Comstock					
21. CITY Pioche		22. COUNTY Lincoln		23. ZIP CODE 87043	
24. YRS IN COUNTY 55		25. STATE OR FOREIGN COUNTRY NV			
26. NAME, RELATIONSHIP Eugene McCloud, Jr. Son			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 907 Elysian Ave., Penngrove, CA 94951		
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -	
31. NAME OF FATHER—FIRST Unknown		32. MIDDLE Unknown		33. LAST Plesis	
34. BIRTH STATE Italy		35. NAME OF MOTHER—FIRST Unknown		36. MIDDLE Unknown	
37. LAST (MAIDEN) Unknown		38. BIRTH STATE Unk.			
39. DATE MM/DD/CCYY 03/23/2001		40. PLACE OF FINAL DISPOSITION St. Lawrence Catholic Cemetery, Pioche, Nevada			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER <i>James M. Smith</i>		43. LICENSE NO. 6336	
44. NAME OF FUNERAL DIRECTOR PARENT-SORENSEN MORT&CREMATORY		45. LICENSE NO. FD 12		46. SIGNATURE OF LOCAL REGISTRAR <i>Mary Maddux Goughly</i>	
47. DATE MM/DD/CCYY 03/20/2001					
101. PLACE OF DEATH Son's residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY Sonoma		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 907 Elysian Avenue		106. CITY Penngrove	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Carcinoma of the Pancreas		TIME INTERVAL BETWEEN ONSET AND DEATH 1 year		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B)				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 03/05/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Sheldon Weiss MD</i>		116. LICENSE NO. G18615	
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 03/05/2001		117. DATE MM/DD/CCYY 03/19/2001			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP SHELDON WEISS, MD 3857 Montgomery Dr., Santa Rosa, CA 95404					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
332189					
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 8914 CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SONOMA } SS

03/22/2001
DATE ISSUED

Mary Maddux Goughly
LOCAL REGISTRAR

SONOMA COUNTY, CALIFORNIA

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

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